



Last Updated: 03/09/2022

Reimbursement Procedure for Medical Screening and Assessment During Emergency Custody in Absence of Emergency Custody Order (ECO)

This memo provides guidance for providers on how to submit claims for medical screening and assessment services when persons are in emergency custody initiated by a law enforcement officer and there is no actual emergency custody order (ECO) issued, i.e., an “officer-initiated” or “paperless” ECO. In these situations, there is no ECO to document the custody status of the person and, therefore, no paper ECO to submit with the claim.

The Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS) worked with community services boards, psychiatric hospitals, and emergency department providers to develop a reimbursement procedure for medical screening and assessment provided under these circumstances.

Attached to this memorandum is a Certification form and Instructions to enable reimbursement for necessary medical screening and assessment provided during an “officer-initiated” or “paperless” emergency custody situation. The certification form and instructions will be incorporated into the DMAS *Hospital Provider Manual* and posted on the DMAS website.

In the meantime, we encourage you to disseminate this information to your colleagues and service partners. If you have any billing questions, please feel free to contact DMAS at TDO-ECO@dmas.virginia.gov.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper



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remittance advices will be applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

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ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered, contact the vendors. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP



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DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (2)

Paperless Billing Instructions

Hospitals and physicians must submit their claims to DMAS for services rendered to patients for screening assessment services while in emergency custody. Claims must be submitted for both “paper” and “paperless” Emergency Custody Orders (ECOs). Charges must be submitted on an original (red/white) UB-04 (CMS - 1450) for the facility or CMS-1500 (08-05) for professional services. Photocopies or laser-printed copies will not be accepted. Original signatures are required because the individual signing the forms is attesting to the statements made on the reverse side of the forms. These statements become part of the original billing invoice. For ECOs that are issued by a magistrate, medical claims must have the ECO form attached to the claim with the pre-printed case identification number.

If the emergency custody is initiated by the law enforcement officer (section G of the above *Code* section) then the claim must be accompanied by a Certification of Emergency Custody form, and signed by the law enforcement officer who actually maintained custody of the individual during the time of the medical assessment and treatment. This form must accompany the claim to insure that DMAS can process the claims under the Emergency Custody Program.

For specific billing information, please refer to Chapter V and Appendix B of the Hospital and Physician Provider Manuals. For additional specific locator information, the



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manuals can be found online at
<http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx>.

Medicaid claims for the above services should be
billed directly to Medicaid at: Department of
Medical Assistance Services

P. O. Box 27444

Richmond, Virginia 23261-7444

ECO claims for non-Medicaid recipients are to
be submitted directly to: Department of
Medical Assistance Services

ECO/TDO
Program, 12th
floor 600 E.
Broad Street
Richmond, VA
23219

Additional information:

Reimbursement for medical screenings will only occur if there is supporting documentation of an assessment and work up. Documentation that only states “medical screening” will not be paid. The clinician must include the condition that is being assessed and the treatment orders and results that were performed.

If a professional practice is enrolled only as a TDO provider (as individual practitioner or a member of a group practice), their claim for a medical screening will be rejected if the client is a Medicaid eligible recipient. The provider must also be enrolled as a Medicaid provider to be reimbursed for services provided to Medicaid recipients. Virginia Medicaid will reimburse providers for this service if the provider and recipient are enrolled and eligible for services under the Medicaid program. Medicaid is responsible for payment prior to any payments from the Temporary Detention Program. Providers may elect to enroll only to provide emergency Medicaid services.



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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Billing concerns and questions can be send to the following
DMAS email address: TDO-ECO@DMAS.virginia.gov.